# **Section 3: Implementation Tool**

#### **Purpose**

The implementation tool provides data on the extent to which curriculum sessions or informational presentations were taught, whether the sessions were modified, the types of challenges encountered during a session, and activities that worked well. Data from this tool can provide an opportunity to review and address implementation challenges, and to measure completeness of implementation.

To use this tool, you must have a written curriculum, or an outline of the content, topics/activities to be covered or addressed during each session or presentation.

# Overview of Steps for this Tool

To use this tool, you will need to:

- 1. Decide where and how often to use the tool
- 2. Have educators or an observer complete the tool
- 3. Summarize the data
- 4. Interpret the data
- 5. Report your findings

# Materials in this Section

- Implementation Tool for Educators (Appendix 3A)
- Implementation Tool for Observers (Appendix 3B)
- Implementation Tool for Informational Presentations (Appendix 3C)
- Sample of Completed Implementation Tool (Appendix 3D)
- Sample of Implementation Tool Summary (Appendix 3E)

# 1 Decide Where and How Often to Use Tool

The first step to using this tool involves deciding what curriculum you want to monitor. You can monitor the curriculum that is being used as your prevention education, or you may want to look at another curriculum instead. For example, if your agency is using a newer curriculum, you may want to collect implementation data on each lesson in that curriculum since you haven't been using it for very long.

Sites conducting brief presentations can use this tool to monitor the completeness of implementation of those presentations.

Program sites often work with multiple populations. You may want to start by focusing on a specific population. Here are some factors to consider:

- Are you working with a population you haven't worked with before? If yes, you may be interested in assessing how each lesson is implemented since the curriculum hasn't been implemented with them before.
- Are you implementing your curriculum in a variety of different settings? If yes, you may want to collect implementation data on each lesson from 1-2 health educators in each setting to determine whether curriculum implementation differs depending on where it is taught.

There is no need to collect implementation data from all of your educators each time they implement all of the lessons in the curriculum. You can collect data on every lesson for a sample of implementation cycles. Consider the following points to help you determine how often to collect the data.

# Choose a Population or Setting

# Decide How Often You Will Collect Curriculum Implementation Data

- An ideal time to collect implementation data is during early implementation cycles so adjustments can be made as needed for future cycles.
- If you have new staff or high staff turn-over, consider collecting implementation data from each health educator who is implementing the curriculum for the first few times they teach all of the lessons.
- Consider collecting implementation data on all lessons during different times of the year (e.g., Fall and Spring). This will provide information on the consistency of implementation over time.

#### **CPI Requirement**

#### The CPI requirements for this tool are:

- Educator/Observer Version: you must collect implementation data on <u>every lesson</u> for at least <u>two implementation cycles</u> (unless your program is implemented one time only). Using at least two implementation cycles will provide a more stable picture for making decisions about program improvements.
- Informational Presentation version: Collect data on at least 4 informational presentations for each health educator that conducts them.

After completing this step, you should know for which curriculum, population, and/or setting you will collect data. You should also have decided how often you want to collect the data. Ask yourself: *Who? What?*, *When?*, and *Where?* 

#### **Summary**

# 2 Complete the Implementation Tool

# Decide Which Version of the Tool you Want to Use

There are three versions of the implementation tool.

- *Educator version* is designed to be filled out health educators/facilitators who implement the program.
- *Observer version* is designed to be filled out by an observer (e.g., by a program manager or another health educator serving as an observer).

<u>Note</u>: Both versions provide the same informationthe only difference is who is completing the form.

 Informational Presentation version is designed to be filled out by the educator/facilitator who conducts the presentations.

#### **Record Information on Tool**

Here are the steps needed to complete the tool. The instructions are the same for all versions of the implementation tool:

- It is ideal to customize the tool ahead of time. Use your lesson/presentation outline to prepare the tool with a list of activities/content presented.
- Make one copy of the implementation tool for each session or informational presentations to be assessed. For example:
  - If you implement 8 sessions, you complete one form for each of the 8 sessions taught/observed for two implementation cycles (you will have a total of 16 sessions to meet your CPI requirement).
  - If your informational presentation includes two or more sessions, <u>complete one form</u> <u>for each session on at least 4 informational</u> presentations for each educator.
- Give one set of the tools to the staff member who will be completing the forms.
- Have the staff member follow the instructions on the forms.

# 3 Summarize Your Implementation Data

#### **Summarize Your Data**

Review
Lesson by Lesson/
Session Activities

It is very important to summarize your data so you can identify opportunities for continuous improvement in how your curriculum is taught or your informational presentations are implemented. Start by looking at the implementation of each lesson/session and then look at implementation overall to identify trends or patterns. Here is an example of how you might do this.

- For each session, tally the responses and summarize the comments you received from your health educators or observers for each item on the tool.
- o Count how often the sessions/presentations were changed "a lot" (this is question #1 on the tool).
  - Divide this count by the number of assessments that were done (e.g., 1 of the 4 (25% informational presentations/lessons assessed was changed 'a lot').
  - This will give you a sense of how closely your educators were able to follow the curriculum/presentation outline, the number modifying 'a lot' should be low.
- For item #2 on the tool, summarize the number of "yes" responses and divide that by the total number of activities or parts to the session (e.g., 2 of 4 were completed, or 50%). This will show you how much of the lesson each educator was able to complete.
  - This will show you how much of the session each educator was able to complete.
  - Make a list of the modifications to content or teaching strategies that were made.

#### Compute Level of Participant Interest and Engagement in Lessons

Items 3a and 3b on the implementation tool have a fiveoption scale so you can compute the average score for each scale (participants' level of interest and engagement, respectively). Here is an example of how you might do this.

Example: Answers from three health educators on item 3a for one of the lessons.

- Add the point values of the selected answers from all health educators who answered item 3a.
  - 2 educators selected Somewhat Interested (3 points each).
  - 1 educator selected *Interested* (4 points).
  - 2 people (3 points) + 1 person (4 points) = 10
- Divide this total by the number of people who answered the question.
  - 10 points divided by 3 people who answered = 3.33
- The maximum possible score of 5 points indicates that the participants were very interested during the lesson.
- The minimum score of 1 point indicates that the participants were not at all interested in the lesson.
- Repeat the above process to compute an average of participants' *level of engagement*.

# **Summarize Open-Ended Questions**

Questions 4, 5, and 6 are open-ended questions. Answers to these should be typed and grouped by common themes or answers.

#### **Look Across Sessions**

If you have multiple sessions in your curriculum, count the number of lessons that were modified "a lot" (this is part of question #1). This will give you a picture of what percentage of your curriculum is being modified. This may vary across educators.

#### **Summary**

After completing this step, you should have your implementation data summarized so that you can begin to identify common patterns and how you might make program refinements. Ask yourself: What do these results mean?

# 4 Interpret Your Data

#### What do you look for?

When interpreting your data, you want to focus on the more common patterns in your results. For example:

- What implementation challenges did the educators encounter?
- Did the educators modify the teaching strategies? If so, can the changes help make the program more appropriate for participants' age, cultural background, and/or literacy level?
- Overall, what worked well and what did not?
- How much of the curriculum was modified?

Here are examples of the patterns you might observe.

#### **Positive Patterns**

Implementation went well if your health educators were able to implement most or all of the program, routinely provided positive comments, and if they provided high average scores on the five-option scale questions related to participants' interest and engagement in the program. For example:

- In general, the educators were able to implement the curriculum or presentation with few or minor modifications.
- According to the health educators, participants' interest level was high (score of four or five on a five-option scale).

# Patterns Suggesting a Need for Improvement

There may be room for improvement to curriculum implementation if your educators routinely noted similar challenges that they encountered for one or more lessons; if they provided moderate or low scores (average score of 3 or less), on the five-option scale questions; or if they had to modify the sessions a lot.

For example, patterns like this suggest the need for some changes in the curriculum/presentation or how it is taught.

- The majority of educators reported that they had to make a lot of changes to the session or were not able to complete several activities or parts of the session. To address this problem, you need to review the types of modifications made and meet with educators to discuss the implementation challenges and identify ways to address them. For example, if educators could not complete activities because of lack of time, you may want to extend the session over two days. If educators added new content to a session because it addresses an unmet need of the population, you may want to decide if that content should become a formal part of your curriculum/presentation.
- Educators' average score on the five-option scale used to rate participant interest was 2.50. To address this, you may want to look at the curriculum content and determine if it is age appropriate and relevant to the population.
- Educators' average score on the five-option scale used to rate participant engagement was 2.25. To address this, you may want to look at the teaching strategies that are being used, and adjust them to ensure that they are interactive, varied, and ageand culturally-appropriate to the participants.

If you see patterns that suggest a need for program improvement, it may be helpful to discuss the results as a group, and compare them to results from other local evaluation tools (e.g., curriculum content tool or participant satisfaction tool). If you see similar patterns across the tools, it suggests the need for further refinements.

#### **Summary**

After completing this step, you should have a sense of what aspects of implementation are working well and what areas could be strengthened or revised to meet the needs of the participants.

Ask yourself: What changes can be made to improve curriculum delivery (e.g., re-order activities, modify existing activities, and provide more educator training on key content or implementation strategies)?

# **5** Report Your Findings

#### **Prepare CPI Summary**

## Prepare your *draft* CPI summary and submit the following to your Evaluation Liaison:

- 1. Copy of the completed implementation tools.
- 2. *Draft* summary of your CPI results. The summary should address the following questions.
  - Who was involved in completing the implementation tool?
  - What process was used to complete the tool (e.g., did your site work as a group)?
  - O What prevention education curriculum was used?
  - o How many implementation cycles were monitored?
  - o How many lessons/sessions were monitored?
  - What did you learn from the implementation tool data you collected?
  - What changes are you most likely to make based on what you learned from the implementation tool data you collected?

#### **CPI Due Dates**

Refer to Section 1, **CPI Requirements** (page 1-3) for CPI due dates and instructions for submitting your CPI *draft* summary and completed tools for review by your Evaluation Liaison.